

Carrington House Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Carrington House Surgery on 16 June 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Carrington House Surgery on our website at www.cqc.org.uk.

This inspection was an announced desk-based review carried out on 20 February 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 16 June 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good.

Our key findings were as follows:

- New protocols had been put in place to ensure any concerns regarding medicine fridge temperatures were dealt with immediately and in accordance with the cold chain policy.
- Staff appraisals had been brought up to date.
- Engagement and communication with staff in the practice across different staff groups had been improved.
- The practice continued to offer support to the patient participation group to ensure it met the needs of registered patients and the practice.
- A hearing loop had been installed in the practice to assist patients who use hearing aids.
- Efforts had been made to identify more patients as carers.

However, there were also areas of practice where the provider should consider improvements.

- Continue work to identify more patients as carers.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

This practice is rated as good for providing safe services.

In June 2016 we found concerns regarding the monitoring of medicine fridge temperatures. One of the fridges had been recorded as operating with a temperature above the recommended maximum over seven days without action being taken.

In February 2017 we found that new protocols had been introduced to ensure that any variations in temperature outside the cold chain policy were dealt with immediately. Annual training had been introduced for those responsible for monitoring the fridge temperatures. New technology had been introduced which ensured that fridge temperatures were automatically recorded on an electronic database every hour.

Good



Are services effective?

This practice is rated as good for providing effective services.

In June 2016 we found that the practice did not provide staff with annual appraisals.

In February 2017 we received evidence that all staff appraisals had been brought up to date and more were due to be booked in summer 2017.

Good



Are services caring?

This practice is rated as good for providing caring services.

In June 2016 it was identified that the practice should make efforts to identify more patients as carers. At the time of the previous inspection, the practice had identified 69 carers on their patient list which was 0.7% of the patient listing.

In February 2017 we received evidence that the number of patients registered as carers had increased to 73 which was still 0.7% of the patient listing.

Good



Are services responsive to people's needs?

This practice is rated as good for providing responsive services.

In June 2016 it was identified that the practice did not have a hearing loop to assist patients with hearing aids.

In February 2017 we received evidence that a hearing loop had been installed in the practice.

Good



Summary of findings

Are services well-led?

This practice is rated as good for providing well-led services.

In June 2016 we found that the practice did not provide staff with annual appraisals or structured supervision sessions, and did not hold full-team meetings or formal meetings for non-clinical staff. Staff had said that the lack of a formal communication structure meant that they did not always feel involved in the running and development of the practice beyond their individual roles.

In February 2017 we received evidence that all staff appraisals had been brought up to date. Regular full-team meetings and reception team meetings had been initiated and were to take place quarterly and bi-monthly.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns identified at our previous inspection on 16 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns identified at our previous inspection on 16 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns identified at our previous inspection on 16 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns identified at our previous inspection on 16 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns identified at our previous inspection on 16 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns identified at our previous inspection on 16 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Carrington House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This desk based inspection was completed by a CQC Assistant Inspector

Background to Carrington House Surgery

Carrington House Surgery provides GP services to 10,200 patients in a suburban area of High Wycombe. It is based in an area of mixed ethnicity and this is reflected in its patient list, although it has fewer registered patients from the town's large Asian population than some of the other local practices. The locality has a relatively low level of deprivation, although unemployment and deprivation levels are higher than for practices in other parts of the Chiltern Clinical Commissioning Group area.

The practice has three GP partners, two female and one male, and three female salaried GPs, equivalent in total to 4.5 whole time doctors. It currently has one employed practice nurse who is able to deliver care and treatment for patients with minor illnesses. There are two long-term locum nurses who cover a current practice nurse vacancy. There is one health care assistant. There are 13 members of administration, reception and support staff, including a practice manager and deputy practice manager.

The practice has seen a significant increase in its list size in the last three years of about 1,500 additional patients. It has a younger than average patient list, with 77% being under 50 years old. It also serves university students, the

majority of residents at a local nursing home, and families being supported by the town's Women's Aid service. The practice area covers a radius of about three miles, encompassing the whole of High Wycombe.

Carrington House Surgery was purpose-built in the mid-1990s, and comprises four GP consulting rooms and four nurse treatment rooms, including rooms suitable for minor surgery, over two floors with stair and lift access. There is step free access to the main entrance, disabled parking spaces and automatic entrance doors, and a dedicated toilet for patients with disabilities. The administration area has been remodelled in recent years, and patient areas updated to meet infection control standards.

The surgery is open from 8.30am to 6pm Monday to Friday, with GP appointments available between 8.30am to 12.30pm and 3pm to 5.30pm daily. There is an emergency duty GP on call from 8am to 8.30am and from 6pm to 6.30pm. The practice also runs an extended hours surgery each Tuesday evening until 9pm.

The practice has opted out of providing out of hours services to their patients. The out of hours service is provided by Buckinghamshire Urgent Care Service and is accessed by calling NHS 111. Advice on how to access the out of hours service is contained in the practice leaflet, on the patient website and on a recorded message when the practice is closed.

Why we carried out this inspection

We undertook a comprehensive inspection of Carrington House Surgery on 16 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement.

Detailed findings

The full comprehensive report following the inspection on June 2016 can be found by selecting the 'all reports' link for Carrington House Surgery on our website at www.cqc.org.uk.

We undertook a follow up desk-based focused inspection of Carrington House Surgery on 20 February 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a desk-based focused inspection of Carrington House Surgery on 20 February 2017. During this inspection we:

- Reviewed the updated fridge monitoring logs and protocols.
- Reviewed the staff appraisal record.
- Reviewed an updated meeting schedule and meeting minutes.
- Looked at information regarding the continued support for the patient participation group (PPG).
- Spoke to a member of the PPG.
- Received confirmation that a hearing loop had been installed.
- Reviewed the number of patients registered as carers.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 16 June 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of the monitoring of medicine fridge temperatures were not adequate

These arrangements had improved when we undertook a follow up desk based inspection on 20 February 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

At our inspection in February 2017 we reviewed evidence that the monitoring of fridge temperatures had improved. The practice had revised their fridge monitoring protocol and introduced annual training for those responsible for the management of the vaccine cold chain. The fridge temperature records had been amended and reviewed by a GP partner who signed the record prior to archiving. The

practice had also installed digital memory cards in each fridge which recorded the fridge temperatures on an electronic database automatically every hour. This ensured that if there was a variance of temperature outside the cold chain policy (vaccines should be stored at temperatures between +2C and +8C) they would be able to see the maximum temperature reached and the length of time spent out of optimum temperature. The practice sent in completed fridge temperature logs for the period July to December 2016. The logs evidenced that when a fridge's temperature was recorded as being outside the cold chain policy, appropriate action was taken. For example, on 3 August 2016 the minimum temperature was recorded as being +1.7C due to stock not being distributed properly. New guidance was issued to prevent recurrence and the vaccine help line was contacted to see if the vaccines were still usable. They were advised that the vaccines would be safe to use so no further action was taken.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 16 June 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of staff appraisals needed improving.

These arrangements had significantly improved when we undertook a follow up desk based inspection on 20 February 2017. The practice is now rated as good for providing effective services.

Effective staffing

At our inspection in February 2017 we reviewed evidence that all staff appraisals had been brought up to date by the end of 2016. The appraisals identified training and personal development priorities for staff. The practice also advised that from 2017 onwards, appraisals would be held between May and July.

Are services caring?

Our findings

At our previous inspection on 16 June 2016, we rated the practice as good for providing caring services. However it was identified that the practice should improve the work undertaken to identify patients as carers. At the time of inspection in June 2016 the number of patients registered was nearly 9,000 and the number of patients registered as carers was 69. This represented 0.7% of their patient listing.

We found that the number of patients on the carer's register had increased when we undertook a follow up desk based inspection on 20 February 2017. The practice is rated as good for providing caring services.

Patient and carer support to cope emotionally with care and treatment

At our inspection in February 2017 we found that some improvements had been made in relation to the identification of carers. The practice advised they had installed a dedicated carers noticeboard to encourage carers to identify themselves to the practice and information on support services. A carers' champion had been appointed who was tasked with promoting the identification of carers as well as supplying information to those already registered. At this inspection, we received evidence that the number of patients registered as carers had increased to 73. However as the overall patient list size had increased to 10,200 patients, the number of registered carers still represented 0.7% of the patient listing.

Whilst some improvements had been made, the practice should continue to encourage carers to register to ensure they are given the appropriate care and support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 16 June 2016, we rated the practice as good for providing responsive services. However, it was identified that the practice did not have a hearing loop which potentially limited the ability of patients with hearing aids to communicate with staff.

Responding to and meeting people's needs

At our inspection in February 2017 the practice advised that a portable hearing loop had been installed.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 16 June 2016, we rated the practice as requires improvement for providing well-led services as engagement and communication across all staff groups needed improvement. The practice also had a newly established patient participation group (PPG). It was identified that the practice should continue to support the PPG to ensure it met the needs of the registered patients and the practice.

These arrangements had significantly improved when we undertook a follow up desk based inspection on 20 February 2017. The practice is now rated as good for being well-led.

Leadership and culture

At our inspection on 20 February 2017 we reviewed evidence that engagement and communication across all

staff groups had improved. Whole team meetings had been introduced and going forward were to be held every quarter. The practice had also introduced reception team meetings which were held every two months.

At this inspection, we saw evidence that the practice had continued to support their PPG. A noticeboard had been installed which displayed information about the PPG and what they aimed to achieve. The practice organised a meeting for them to meet a more established PPG at a neighbouring practice in order to gain experience of how other groups operate. Meetings were held every two months at the practice and were attended by the senior partner. During this inspection we spoke to a member of the PPG who advised that the group felt supported and that the relationship between the practice and the PPG had improved.